



GENERAL INFORMATION

Full Legal Name and Operating Name of Applicant, and Mailing Address:

List in detail all the operations of the applicant (please provide any brochures or list of services offered): _____

List of Locations:

Location 1 (address and operations at this location): _____

Location 2 (address and operations at this location): _____

Location 3 (address and operations at this location): _____

Structure of Company: Not For Profit - Yes No

If a Corporation outline any other operations of the Named Insured and confirm if there is insurance in place for those operations:

Years in Business: _____

Website address: _____

Policy effective date required: _____ Target Premium Required: \$ _____

Previous Insurer: _____ Policy #: _____ Expiring Premium: \$ _____

List all Losses (claimed or not) in last 5 years:: _____

Have you ever had insurance refused or cancelled? Yes No If yes, please explain: _____

Nature of Work	Annual Revenue – last 12 months:	Est. Annual revenue – next 12 months:
Moorage Receipts (provide copy of moorage agreement)	\$	\$
Storage Receipts (provide copy of storage agreement)	\$	\$
Boat Rentals (provide copy of rental agreement)	\$	\$
Fuel Receipts	\$	\$
Chandlery/Boating Supplies Receipts	\$	\$
Restaurant Receipts – Liquor	\$	\$
Restaurant Receipts – Food/Other	\$	\$
Hauling/Lifting (on premises)	\$	\$
Hauling/Lifting (off premises)	\$	\$
Receipts from Rental of Rooms/Dwellings	\$	\$
Receipts from other operations (please explain): _____	\$	\$
Receipts from other operations (please explain): _____	\$	\$
Total:	\$	\$



PROPERTY INSURANCE

Location 1 – please list the use/occupancy of this building:

Distance to hydrant : _____ Distance to responding fire department: _____
Year Built: _____ Number of Stories: _____ Building Construction Type: _____
Sprinklered: Yes [] No [] 100% [] or _____ % Wet System [] Dry System []
Heating: Gas [] Electric [] Oil [] Combination Furnace [] Wood Stove [] Other (explain): _____
Electrical: Fuses [] Circuit Breakers []
Updates to above (include date of updates to each): Roof _____ Plumbing _____ Heating _____ Electrical _____ Furnace _____
Occupancy: 1st floor: _____ 2nd floor: _____ 3rd floor: _____
Is there a restaurant in this building? Yes [] No [] if yes, please advise: _____
Number of Seats: _____ Area of Dance floor (sq feet): _____
Is there an automatic suppression system? Yes [] No []
Is there a 6 month cleaning contract in place for duct cleaning Yes [] No []
Is there a 6 month cleaning contract in place for hood cleaning Yes [] No []
Number of fire extinguishers adjacent to the cooking equipment: _____
Is there an alarm system connected for fire detection: Yes [] No [] Monitored: Yes [] No []
Is there an alarm system connected for burglary: Yes [] No [] Monitored: Yes [] No [] ULC approved Yes [] No []
Is there a caretaker that lives on site: Yes [] No []

Location 2 – please list the use/occupancy of this building:

Distance to hydrant: _____ Distance to responding fire department: _____
Year Built: _____ Number of Stories: _____ Building Construction Type: _____
Sprinklered: Yes [] No [] 100% [] or _____ % Wet System [] Dry System []
Heating: Gas [] Electric [] Oil [] Combination Furnace [] Wood Stove [] Other (explain): _____
Electrical: Fuses [] Circuit Breakers []
Updates to above (include date of updates to each): Roof _____ Plumbing _____ Heating _____ Electrical _____ Furnace _____
Occupancy: 1st floor: _____ 2nd floor: _____ 3rd floor: _____
Is there a restaurant in this building? Yes [] No [] if yes, please advise: _____
Number of Seats: _____ Area of Dance floor (sq feet): _____
Is there an automatic suppression system? Yes [] No []
Is there a 6 month cleaning contract in place for duct cleaning Yes [] No []
Is there a 6 month cleaning contract in place for hood cleaning Yes [] No []
Number of fire extinguishers adjacent to the cooking equipment: _____
Is there an alarm system connected for fire detection: Yes [] No [] Monitored: Yes [] No []
Is there an alarm system connected for burglary: Yes [] No [] Monitored: Yes [] No [] ULC approved Yes [] No []
Is there a caretaker that lives on site: Yes [] No []

Location 3 – please list the use/occupancy of this building:

Distance to hydrant : _____ Distance to responding fire department: _____
Year Built: _____ Number of Stories: _____ Year Built: _____
Sprinklered: Yes [] No [] 100% [] or _____ % Wet System [] Dry System []
Heating: Gas [] Electric [] Oil [] Combination Furnace [] Wood Stove [] Other (explain): _____

VANCOUVER E-Mail verna.martin@oceanicunderwriters.com T 604.689.1501 F 604.689.5663
LONDON E-Mail Steve.dobson@oceanicunderwriters.com T 519.850.1610 F 519.850.1614



Electrical: Fuses [] Circuit Breakers []

Updates to above (include date of updates to each): Roof [] Plumbing [] Heating [] Electrical [] Furnace []

Occupancy: 1st floor: [] 2nd floor: [] 3rd floor: []

Is there a restaurant in this building? Yes [] No [] if yes, please advise: []

Number of Seats: [] Area of Dance floor (sq feet): []

Is there an automatic suppression system? Yes [] No []

Is there a 6 month cleaning contract in place for duct cleaning Yes [] No []

Is there a 6 month cleaning contract in place for hood cleaning Yes [] No []

Number of fire extinguishers adjacent to the cooking equipment: []

Is there an alarm system connected for fire detection: Yes [] No [] Monitored: Yes [] No []

Is there an alarm system connected for burglary: Yes [] No [] Monitored: Yes [] No [] ULC approved Yes [] No []

Is there a caretaker that lives on site: Yes [] No []

VESSELS (H&M and P&I) - Owned Boats / Work Boats

Table with 2 columns: Vessel Description: (year, make model, length) and Value: \$

Please describe what these work boats are used for: []

- If boats are older than 15 years of age and less than 24 feet provide photos both inside and outside
If boats are older than 15 years of age and longer than 24 feet provide current marine survey

WHARVES/DOCKS /FLOATS

What is the wharf/dock used for? Please provide full description: []

Location of wharf/dock: []

Age: [] Construction: [] No. of Slips: [] Do any of your docks have fuel? Yes [] No []

Date of last survey or inspection of wharf/dock (attach copy): []

Are there any commercial vessels moored at the docks: Yes [] No []

Any winches or hoist on wharf/dock: Yes [] No [] If yes, advise age of hoist or winch: []

And when last inspected (attach copy of inspection): []

Any cradles or travel lifts on wharfs/docks: Yes [] No [] If yes, advise age of cradle a/o hoist: []

And when last inspected (attach copy of inspection): []

LIABILITY INSURANCE

Do you have any US exposure (i.e. products sold to US citizens, deliveries to USA, etc.): Yes [] No []

If yes, please describe and quantify gross receipts from these sales: []

of full-time employees: [] # of part-time employees: [] Gross Annual Payroll: \$ []

Are you a subscriber to workers compensation: Yes [] No []

Give age of storage tanks, numbers & size, contents, construction, whether above or below ground and when last surveyed, whether fueling conducted ashore, on the dock by employees or boat owners

Have you during the past 5 years had any reportable releases or spills of hazardous substances, hazardous waste or any other



pollutants, from locations owned or operated by you, into the environment? Yes [] No []

If YES please attach a separate sheet describing incident in detail.

Do you use any mobile equipment: Yes [] No [] If yes, please describe: _____

Do you have any medical facilities onsite: Yes [] No [] If yes, please explain: _____

Is there a formal safety program in operation: Yes [] No [] If yes, please describe: _____

Other comments on safety procedures: _____

MARINA OPERATOR'S LIABILITY

Usual operating season: Open all year: [] Closed in winter [] What dates is the business closed? _____ To _____

Are docks removed from the water during winter season? Yes [] No []

If yes describe winter storage arrangements: _____

of slips: Avg value of any vessel at marina: _____ Max total value of vessels moored at the marina at any one time: _____

Does the Marina have any equipment for lifting or moving vessels Yes [] No []

If yes, what is the largest vessel (in length and weight) that you will lift or move: _____

If storage (ashore or afloat) describe method: _____

If stored in a building advise percentage of indoor storage revenue: _____

Describe other businesses also located at or adjacent to this marina whose customers would have access to the docks (i.e. pubs or cafes etc...): _____

Is a Hold Harmless Moorage Agreement in use? Yes [] No [] If yes, please attach a copy.

Are there any signs posted stating USE AT OWN RISK or similar? Yes [] No []

If yes please describe wording and locations of signs: _____

SHIPREPAIRER'S LEGAL LIABILITY

Name, experience and certification of key personnel: _____

LIMITS OF INSURANCE /LIMITS OF LIABILITY

Table with 3 columns: COVERAGE, CO-INS%, LIMIT OF INSURANCE / LIMIT OF LIABILITY. Rows include Building(s), Furniture, Fixtures, Equipment, Travel Hoists, Stock ACV, Other Stock ACV, Property in Transit, Contractor's Equipment Floater.



Tool Floater (off premises)

- \$1,000 any one item or set
- Items over \$1,000 (provide description)

Rent or Rental Value Form (Buildings)

Profits

Gross Earnings 50% Co-ins 80% Co-ins

Extra Expense

Flood/ Earthquake Yes No

Valuable Papers and Records

Accounts Receivable Insurance

Computer Insurance Floater (description to be provided):

Sign Form

Glass Rider (_____ sq feet)

Comprehensive Dishonesty, Disappearance and Destruction - Form A

Loss Inside the Premises

Loss Outside the Premises

Money Orders & Counterfeit Paper

Depositors Forgery

Boiler & Machinery Roof Top Air Conditioning Yes No

Owned Vessels – Hull & Machinery

Owned Vessels – Protection and Indemnity

Boats Rented to Others – Hull & Machinery

Boats Rented to Others – Protection and Indemnity

Wharves and Floats

Liability - Commercial General Liability

Including: Bodily Injury & Property Damage, Products & Completed Operations
 Personal Injury Liability

Tenant's Legal Liability

Marina Operators Legal Liability

Yacht Club Extension – Regatta Liability Endorsement

Limited Pollution Liability

Optional Coverage – D&O Liability Insurance

IMPORTANT – Please read these guidance notes before completing the Proposal Form. Where further information is required please refer to your Broker.

PLEASE NOTE – This Proposal Form is for a CLAIMS MADE policy. A CLAIMS MADE policy only responds to “claims” made against the Insured and notified to the Underwriters during the period of insurance.

1. This Proposal Form must be typed or completed in ink and signed and dated by the Proposer. Please answer every question in full and sign and date the Declaration.



- 2. It is the duty of the Proposer to disclose all material facts to the Underwriters...
3. For the purpose of the Proposal Form and for all purposes relating to any policy issued pursuant to this Proposal Form...
4. Should there be any material change in the answers given to the questions contained in the Proposal Form...
5. Upon acceptance of the Underwriter's terms and conditions and payment of the premium...

Copies of the Proposal Form should be retained for your own records

SIGNING OF THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE UNDERWRITERS TO COMPLETE A CONTRACT OF INSURANCE

- 1. Full Name of the Company:
2. Address of the Registered Office of the Company:
3. Website:
4. Date organized:
5. Incorporated under the laws of: Date:
6. Purpose of organization and nature of operations. If available, please provide brochures/promotional literature/marketing info.

If Strata or Condominium, please confirm: # of Residential Units: # of Commercial Units:

- 7. Does the organization have activities outside of Canada? Yes No

If Yes, please provide details:

- 8. a. The Company has, for the latest fully-completed financial year, no more than Gross Income of CAD 50 million and Gross Total Assets of no more than CAD 25 million. (Please state the actual figures here)

Gross Income CAD: \$ Gross Total Assets CAD: \$

- b. The Company has published reports and accounts in the two latest consecutive financial years showing, unqualified reports by independent auditors or accountants, net profit (i.e. after tax, interest, etc), and positive net worth (i.e. both balance sheets show that assets exceed liabilities), no litigation, disputes, or contingent or extraordinary liabilities, and can pay any and all of its debts as they fall due: Yes No

If No, please provide details:

- c. Does any Director or Officer or the Company have any knowledge of any claims or circumstances which may give rise to a claim under the policy, or of any disciplinary proceedings or any complaints having been threatened, intimidated or made (successfully or otherwise) against the Directors or Officers or the Company or the employees or the Proposer in respect of the legal liabilities or loss to which this Proposal Form relates: Yes No

- d. Has similar insurance been refused, voided or cancelled in the past to which the Proposal Form relates: Yes No

If Yes, please provide details:

- e. Insurance quotations are sought for one of the following Limits of Indemnity (CAD):

500,000 1,000,000 2,000,000 5,000,000

(Please indicate the Limit sought, if other than as shown here, please state requested limit here: \$)

- 9. Can the Proposer confirm that, at the date of the Declaration, Lloyd's does not provide the Company with any class of insurance: Yes No



If No, please provide details:

10. Number of Employees: _____

Number of Volunteers: _____

DECLARATION

The Proposer declares and warrants that after full and reasonable enquiry and to the best of his/her knowledge and belief all statements and particulars contained in this Proposal Form and (if applicable) addenda hereto are true and that no information whatsoever has been withheld which might increase the risk of the Underwriters or influence the acceptance of this Proposal Form and that should the above particulars alter in any way confirms that he/she will advise the Underwriters as soon as is practicable. The Proposer further declares and warrants that he/she has been duly authorized by the Directors and Officers and the Company to act as their agent in respect of all matters of any nature or kind relating to or affecting this Proposal Form and the Policy. The Proposer understands that failure to disclose any material facts which would be likely to influence the acceptance and assessment of the Proposal Form may result in the Underwriters refusing to provide indemnity or voiding the Policy in every respect. The Proposer hereby agrees and accepts that this Proposal Form and (if applicable) addenda hereto shall be the basis of the contract of insurance if entered into.

The Underwriters are hereby authorized, at their absolute discretion, to make any investigation and enquiry in connection with regard to this Proposal as they deem necessary.

Checklist of Required Attachments:

- Photos of all buildings and docks.**
- Copies of the standard moorage and storage agreement used.
- If boats are rented out, copy of the standard boat rental agreement.